| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155383 | A. BUILDING _____ B. WING _____ | C 11/19/2013 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **WASHINGTON HEALTH CARE CENTER** | **8201 W WASHINGTON ST INDIANAPOLIS, IN 46231** |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 000 | INITIAL COMMENTS | F 000 | | |

This visit was for the Investigation of Complaint IN00135754.

Complaint IN00135754 Substantiated. No deficiencies related to the allegations are cited.

Survey dates: November 18, 19, 2013

Facility number: 000393
Provider number: 155383
AIM number: 100289340

Survey team:
Connie Landman RN-TC

Census bed type:
SNF/NF: 87
Total: 87

Census payor type:
Medicare: 10
Medicaid: 54
Other: 23
Total: 87

Sample: 3

Washington Health Care Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the Investigation of Complaint IN00135754.

Quality Review 11/19/13 by Lisa McColly

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE